Substitute for form 1449A/PTO	Complete if Known		
INFORMATION DISCLOSURE	Application Number	To be assigned	
STATEMENT BY APPLICANT	Filing Date	Herewith	
	Applicants	Seibertz, Spijker, Busch	
(use as many sheets as necessary)	Group Art Unit		
	Examiner Name		
Sheet 1 of 1	Attorney Docket Number	201-0493	

U.S. PATENT DOCUMENTS								
EXAMINER INITIAL*	Cite No. 1	DOCUMENT NUMBER	Kind Code ² (if known)	NAME	DATE MM-DD-YY	Pages, Columns, Li Where Relevant Passages Figures Appear		
	<u> </u>	4,630,577		Cornacchia	12/23/96			
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EXAMINER INITIAL*	Cite No. 1	Foreigr Office ³	n Patent Document Number ⁴	Kind Code ⁵ (if known)	NAME _.	DATE MM-DD-YY	Pages, Columns, Lines, Where Relevant Passages o Relevant Figures Appear
	<u> </u>	EP	1028022 A2		Yoshino et al.	08/16/00	
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EXAMINER DATE CONSIDERED

^{*}Examiner: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not c Include copy of this form with next communication to applicant.

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